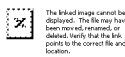


Submit

Tools→Macro→Security must be set to Low.



DPH IT Account Request Form

Version 1.4a

User Information

Sharon First Name	MI	Salem Last Name	- - Start Date (required for new users)	Allan Stevenson Supervisor
<input type="checkbox"/> BCDC <input checked="" type="checkbox"/> BLS Bureau (check one)		Analytical Chemistry Program	AMH Room #	6669 Phone Ext. 6669 Supervisor's Phone Ext.

☐ **New User** ☒ **Modify User**

Email Access (check one – required for new users)

- ☐ User requires a new email account
☒ User does not require a new email account

Employee Type (check one – required for new users)

- ☒ State Employee
☐ Contract End date - - (required for new contract employees)

Program / Application Access

List Programs/Applications/Groups/Public Email Folders authorized or list two or more users / roles with equivalent access. List the full path for all folders and subfolders. Please check (A) for Additions and (D) for Deletions.

- | | |
|--|---|
| <input checked="" type="checkbox"/> A <input type="checkbox"/> D | 1. Give Sharon rights to F:\SHARED\DRUGS as user group BLS-Drug-EV see attachment |
| <input type="checkbox"/> A <input type="checkbox"/> D | 2. |
| <input type="checkbox"/> A <input type="checkbox"/> D | 3. |
| <input type="checkbox"/> A <input type="checkbox"/> D | 4. |
| <input type="checkbox"/> A <input type="checkbox"/> D | 5. |

Distribution List Access

All users will be added to their Bureau's Distribution List. List additional lists. Please check (A) for Additions and (D) for Deletions.

- | | |
|---|----|
| <input type="checkbox"/> A <input type="checkbox"/> D | 1. |
| <input type="checkbox"/> A <input type="checkbox"/> D | 2. |
| <input type="checkbox"/> A <input type="checkbox"/> D | 3. |

☐ **Terminate User**

- -
Termination Date
(required to terminate an account)

Personal Folders are always backed up: select and fill in if you would like a copy

- ☒ Backup then Delete ☐ Send a copy of the files to

Email is always backed up: select and fill in if you would like a copy

- ☒ Backup then Delete ☐ Send a copy of the files to

Approval

Each request must be authorized by an Approving Manager. Select the approving manager for your program then hit the SUBMIT button at the top of the form. If your approving manager is not available, contact ITS for the name of the appropriate alternate.

Julianne.Nassif
Approving Manager (required)

1-17-2008
Date

Contact Keith Nystrom x6275 with suggestions or problems

Attachment

If additional space is required in any of the fields above, please enter "See Attachment" and list those items here. If you have any specific requirements or instructions, please list them here as well.

Allan Stevenson can be reached at 413-545-2606

Sharon Salem can be reached at 413-545-5991